Camp Escapades 2010
7/21/10 Parent Meeting

Learning a little bit more about your child…

Camper's name: _____
Group:_____
Week of attendance (circle appropriate week): August 2-6 August 9-13 August 16-20
Is this your child's first experience at camp?_____
If it's not his/her first year, what is his favorite activity at camp? _____

Thinking about your child's experience at camp, could you give me more information on:

1) **What makes him/her laugh or smile? What does he/she enjoy doing or playing with? What does he/she like talking about?**

2) **In what situations does he/she get upset? What does he/she dislike?(if any)**

3) **What helps him/her calm down, regroup or be happier if he/she is having a more difficult day? (if any)**

4) **Does your child have any tendency to elope or wander?**

5) **Does your child have difficulties transitioning between activities? If yes, what strategies do you use to help him/her (e.g.: warnings, count-down, favorite toys, etc.)?**

6) **Is there anything else you would like to share with us about your child (strength or challenge)?**